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PARKES ON THE TREATMENT OF CHOLERA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I send for your Journal a chapter on the treatment of cholera, which I have taken from an admirable treatise, entitled—"Researches into the Pathology and Treatment of the Asiatic or Algid Cholera, by E. A. Parkes, M.D., Lond.," published in London in 1847.

The treatise is based on observations carefully made and recorded by the author, during two severe epidemics in India in 1843 and 1845. The chapter on treatment has the advantage of being free from prejudices, and evidently the work of an honest man. It will speak for itself.

Respectfully yours,

Boston, Dec. 11, 1848.

WM. HENRY THAYER.

TREATMENT OF CHOLERA.

The great difficulty in the treatment of cholera, and the cause of the contradictory and opposing statements which have been made respecting the value of particular medicines, is to be found in the peculiar action of the choleraic poison. This action, by arresting the circulation, and thereby rendering absorption difficult, opposes itself to the common method of administering remedies. After a certain period of the disease, medicines remain in the stomach, and do not pass into the circulation, or do so with great difficulty and slowness. At least this is to be inferred, both from the circumstance that in the advanced stage, calomel, acetate of lead, creosote, opium, turpentine, &c., have been found in the stomach hours after they have been taken, and that fluids taken to appease thirst, remain in and distend the stomach, if they are not vomited, and also from the evident languor and delay of the circulation—states which are considered unfavorable for absorption.

The treatment of algid cholera naturally, therefore, divides itself into two parts, according as it is applied in the earlier period, while circulation still goes on with sufficient vigor to allow of absorption, and according as it is used after this period, when, from the arrest of the circulation, absorption is prevented, and it becomes useless to pour drugs into the stomach.

It is tolerably evident, that for practical purposes there are two aspects under which every case of cholera, except the most malignant,

must be viewed. These different points of view refer—1st, to the watery exhalation; and 2d, to the deeper changes in the proteine constituents, as opposed to each other. Therefore, in the treatment of most cases of cholera, two indications have been generally followed; and remedies have been given either for the purpose of arresting the watery purging, or of acting directly upon the latent changes in the blood which constitute the essence of the disease.

Many of the apparent contradictions in the modes of treatment recommended by authors, are readily explained when the pathology of the disease is remembered. Thus astringents have been found highly useful by those who have witnessed chiefly the slighter forms, in which the changes in the fibrine are moderate in intensity, and capable of gradual reparation when the exhalation is arrested. Emetics and purgatives have been extolled by other observers, who have encountered the severest types, and who, recognizing the comparatively slight character of the cases with great purging, believed that the chief indication was to bring on this symptom in the cases under their treatment.

It may, I think, be satisfactorily proved, that the arrest of the watery elimination, in the cases of inferior intensity, is attended, on the whole, by positive and undeniable benefit. This is most unequivocally shown by observing the progress of cases left altogether to nature. The earlier writers in the *Bombay and Madras Reports*, state, as an invariable rule, that the vast majority of untreated cases died. In 1843, I witnessed several cases in Hindoos who absolutely refused to take medicine: in these instances, cases, which as far as could be known, otherwise offered fair chances of recovery, proved rapidly fatal; and it appeared to me, that the unchecked watery purging, as might have been anticipated, predisposed to those further more important changes in the blood, which the choleraic poison had not been sufficiently powerful or intense to produce at once. If the watery purging had then been stopped, these further changes might not have proceeded to their full extent, but might have occurred in a lesser degree, and have been divested of their fatal and uncontrollable character. This inference is corroborated by watching the method of cure in Europeans actively treated; in these cases it is invariably found that remedies have partially or altogether arrested the purging. Coincident with this, the changes in the proteine constituents have become stationary for a variable time, and have then slowly repaired themselves. The opinion held by some writers, that the vomiting and purging are salutary evacuations, is doubtless erroneous, and arises simply, as already stated, from the fact that the supervention of these symptoms in the severer cases is a favorable circumstance, as arguing renewed activity of circulation.

I am far from intending to assert, however, that the arrest of the watery purging is synonymous with the cure of cholera; this is unfortunately contradicted by daily experience. Every one must have seen cases in which the purging was arrested with comparative ease, and yet the fatal algide symptoms were not in the least affected thereby. I merely assert, that observation will prove that nature may be assisted in

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restraining or in repairing the primary changes in the blood, by removing those earlier, slighter, and non-essential symptoms, which appear to have so much influence, in certain cases, in inducing, or in increasing, the essential and fundamental alterations.

But if the medical art has been of decided benefit, when employed according to this indication, it must be confessed that it has hitherto failed to accomplish the other more important indication, of arresting or controlling the essential alterations in the blood. No medicine has yet been found which can counteract the changes in the fibrine, and nullify the first effect of the choleraic virus in the blood. The antidote to this tremendous poison has not yet been discovered, and the resources of modern European science, have indeed, it appears to me, in many cases proved hurtful. The attempt to cut short the disease, and to rouse the system from a state erroneously compared to debility and to exhaustion, has certainly often accelerated the progress of cholera. It is a most important practical point, that cholera runs a certain course: when the algide symptoms have once shown themselves, a case cannot be cut short. Even in the mildest forms, warmth does not return altogether for a long time; but when the disease has reached its acme, the patient is invariably seen to remain for some hours in a peculiar state, during which nature seems to be gradually repairing the injury which has been done. Therefore, when a person is cold and almost pulseless, with a heart embarrassed, and a respiration nearly arrested, the attempt violently to rouse him from this state by strong stimulants, by warmth to the surface, by continued frictions, or by measures of a like kind, seems to me to be founded altogether on a misapprehension. Before the delicate machinery of circulation and respiration can again play, hours must elapse; if medicine could only keep the patient alive for these few hours, all would be done that art can ever do. If respiration could be maintained—not the mere mechanical act of breathing in and out, but the chemical process in sufficient integrity to allow the blood to circulate through the capillaries of the lungs—nature would gradually bring about the cure. This is the great problem which medicine has to accomplish, and which, next to the discovery of some actual antidote to the poison itself, appears to be the most ready method of accomplishing the cure of cholera.

The treatment of cholera, therefore, naturally divides itself into two periods, each having a double signification. In the first period, absorption is possible, and serosity is eliminated. In the second period, absorption is, to a greater or less degree, arrested, and there is comparatively little purging. A certain number of cases of the greatest degree of severity will present themselves only during this second period, and these are the cases which are almost inevitably fatal.

*I.—Treatment of a Case of Cholera in the first Period, while Absorption is possible.*

The great indication in this period is to prevent the passage of fluid from the alimentary mucous membrane and from the skin.

The two grand measures, which, in my cases, seemed best to arrest

the watery purging and the sweating, were bloodletting and astringents. In addition, a strong stimulus at the very commencement of this stage was certainly found to be occasionally useful.

Bloodletting was strongly recommended by several of the early reporters in India. Annesley, also, esteemed it so highly, that he calls it "the sheet anchor." Twining, who saw a much more severe variety of cholera than Annesley, found it comparatively useless.

On looking over my cases, I find it impossible to give any numerical statement which shall convey a just idea of the value of bloodletting. I have seen 24 adult male Europeans bled freely, and of these only 5 died: but then these 24 were all slight cases—many of them were admitted in an early stage, and they were all subjected to active treatment of other kinds. I have seen 56 adult male Europeans not bled, and of these 40 died; but then these were all severe cases, many of them were in reality dead when they entered the Hospital, and it would be in the highest degree unphilosophical to attribute their deaths to the want of bleeding. I never saw any Asiatic bled, and yet the mortality was certainly not greater than among the Europeans. The numerical method cannot be applied to the treatment of a disease like the cholera, which runs so rapid a course, while it is treated by such a variety of remedies. I shall, therefore, not attempt it in any case, but shall merely give the general results of my observation, which, if it be confessedly a loose and inaccurate method, is not so likely on the present occasion to lead to erroneous conclusions.

The benefit resulting from bloodletting was generally more marked according as the disease was in its earlier stage, and according as it tended towards the several varieties of pseudo-cholera. In these latter cases, the employment of bloodletting was sometimes followed by very striking results, particularly in those cases attended by a full pulse, and severe general spasms. For example, I saw a stout European soldier one hour after admission into Hospital: he was violently purged and vomited, and was laboring under the most severe and frightful spasms. They were general and quite tetanic in character; the pulse was hard and sharp; the skin warm. He had been treated with calomel and opium without benefit. I immediately opened a vein, and took away 40 ounces of blood before the spasms ceased. I then gave him tinct. opii, ʒj., and repeated it in an hour. The pulse immediately after the bleeding became fuller and less resisting; the vomiting, purging and spasms ceased, a gentle perspiration appeared on the skin, and he recovered without another symptom of any kind. It was the most striking instance I ever saw of pseudo-cholera being cut short. There can be little doubt that it was the successful treatment of cases of this kind which led Corbyn to attach so high a value to his plan of bleeding, followed by large doses of calomel, opium and oil of peppermint.

Sometimes, in the early stage of cholera, the blood became lighter in color as it flowed, so that in addition to arresting the purging, bloodletting has probably some effect in relieving the oppressed heart and lungs.

I do not know how to account for the efficacy of bloodletting, unless



it relieves congestion to some extent, and also produces a beneficial effect by removing a portion of the vitiated circulating fluid.

Of all the astringents which have been used in cholera, none has appeared to me so efficacious as the one recommended by Dr. Graves, viz., the acetate of lead. It is true that it did not arrest the purging in all cases, but it possessed this great advantage, that in the form of pill with opium, it did not seem to increase the irritability of the stomach, but rather to allay it. I used to give two or three grains with a quarter of a grain of opium, every half hour for the first two or three hours, and then every hour for a variable period according to the intensity of the case. It was often found that the vomiting first ceased, and then the purging; the algide symptoms were of course unaltered, but, as already said, no remedy yet known possesses any influence over them, and it is the best way to leave them altogether to themselves, and take the chance of their not advancing to their full extent. The only bad effect I ever noticed after the employment of these large doses of lead, was subacute gastritis; but this is a comparatively trifling affair, and can generally be overcome by relays of leeches to the epigastrium during the period of re-action.

The sulphate of copper and of zinc seem also occasionally to restrain the purging; but these remedies are not so readily borne by the stomach, and are therefore inferior in practical value to the acetate of lead.

Small doses of calomel and opium seemed sometimes to stop the purging, and whenever I found these remedies undoubtedly serviceable, it was by their action in this way; calomel at other times seemed not to do good, and even to do harm.

Many other astringents, as kino, catechu, alum with hemp, opium and camphor, chalk, &c., were sometimes useful.

The acetate of lead, or the other astringents, often arrested the vomiting as well as the purging; but in addition I have seen innumerable plans tried to mitigate this distressing symptom. Mustard poultices to the epigastrium, small doses of opium, creosote, musk, or trisnitate of bismuth, were the measures I found most useful.

The cramps which attend this period were relieved most readily by friction with opium, turpentine, or olive oil and ammonia: warm fomentations were also occasionally useful.

It is of course understood, that the acetate of lead and all other remedies will occasionally prove quite useless, and fail altogether to arrest the vomiting and purging: other remedies must then be tried, but I need not occupy space by enumerating these; they have been fully discussed by several standing authors.

The second indication during this period is to counteract the deeper and more important changes in the blood.

The list of remedies which have been used in cholera with this indication, comprises all the stronger medicines known to physicians at the present day, and, as it appears to me, no one medicine has been found more uniformly efficacious than another. The occasional mildness of an epidemic, or the use of a medicine towards the close, when the cases are

less severe, have indeed conferred a temporary repute on certain remedies, but the next epidemic has invariably shown the boasted specific to be in reality as useless as any other, in the long array of medicines which have had an equally undeserved and equally transient popularity.

In the epidemics which I witnessed, I had an opportunity of trying myself, or of seeing tried by others, a variety of plans, and I shall now proceed very cursorily to give the general results of my observation.

1. *Applications to the surface, warm and cold baths, &c.*—Warm baths, vapor baths, and warmth applied in any way to the surface, never appeared to me to be of the slightest service in true cholera. The spasms were sometimes relieved, but the algide symptoms were almost invariably increased. The depressing effects of the warm bath were sometimes marked and unmistakable. I have seen a man walk firmly to the bath, with a pulse of tolerable volume, and a cool but not cold surface, and in five minutes have seen the same man carried from the bath, with a pulse almost imperceptible, and a cold and clammy skin. I cannot find in my notes a single case, in which the warm bath appeared beneficial. It is, indeed, unlikely that the attempt to restore warmth by these trifling means, when the grand source of animal heat is so fatally disordered, can ever be successful. Several writers have also recorded their belief in the inutility of this measure.

In very slight cases, however, and in pseudo-cholera, the warm bath was grateful to the patient, and was not attended with any perceptible bad effects; in those comparatively unimportant cases, attended by violent spasms, it was certainly and positively beneficial. If warmth is used at all, I think it should be only during the earlier periods of the case, and, as recommended by Dr. Copland, it should be in the form of the hot-air bath.

Stimulating frictions, blisters, escharotics of all kinds, were also decidedly unproductive of benefit, except in so far as they allayed spasm—no effect was ever produced upon the algide symptoms. I perhaps should except large mustard poultices, which were considered serviceable by several medical men for whom I have a great respect. I never knew them do harm, and therefore I presume it is right to employ them for the chance of benefit.

Cold to the surface was a measure much more grateful to the patients than warmth. This might have been anticipated also from the way in which the bed-clothes are thrown off, so as to expose the surface freely to the air. The cold affusion, even in the last stage, two or three hours before death, sometimes caused the pulse to become again perceptible. Perhaps the application of cold to the surface may affect the respiration in some way; the gasping inspiration which the shock of the falling water generally induces, may influence the circulation in the lungs, like the first impression of the cold air on the body of the newly-born infant. But, unfortunately, after a short time, the reviving effects of the cold affusion disappear, and the case resumes its former course. The use of large fans and punkahs, causing a blast of air upon the body, seemed to me to be occasionally useful, and to be generally agreeable to the patients.

2. *Remedies taken by the mouth.*—I believe my assertion that no one remedy is more useful than another, in fulfilling the present indication, will be agreed to by every one. I gave, in a variety of ways, and in all stages, calomel, hemp, opium, camphor, quinine, creosote, tartar emetic with and without opium, salines of all kinds, ether, hyoscyamus, and, in fact, every medicine which could be obtained. Large doses of calomel, such as 15 or 20 grains, were given in many cases, certainly without benefit, perhaps even with positive injury. I observed in several cases that when calomel was given in large doses, or in small doses frequently repeated, at the time when absorption was possible, the algid symptoms seemed to be increased. I do not wish to attach any weight to this observation—it was perhaps an error: calomel and opium were largely used in England in 1831–32, and were considered beneficial, although certainly the arrest of the vomiting and purging which small doses of calomel and opium occasionally accomplish, may have led to the belief that the disease itself had been checked by the mercury.

If there was little vomiting, it appeared to me that the use of diffusible and aromatic stimuli, and of small quantities of champagne or spirits, was useful. But decidedly, the employment of stimulants for the purpose of arresting the disease and of arousing the patient, was quite useless, and, indeed, hurtful.

3. *Remedies employed in the form of enemata.*—I used largely at one time saline enemata, after the manner of Stevens. They certainly did no harm, but I could perceive no unequivocal marks of benefit. I have met, however, with several Indian practitioners who thought them useful in the early stages and in the milder cases.

4. *Remedies inhaled into the lungs.*—I employed in several cases the vapors of ether, ammonia, creosote, alcohol and iodine. Chlorine I used in one or two cases. I should have used oxygen, if there had been time or apparatus to prepare it. I employed artificial inflation in a few instances, but soon abandoned it as being quite useless.

The only vapors about which I consider I can speak positively from my own observation, are ammonia and creosote. The ether and the alcohol were not given in sufficient quantities, nor with an apparatus sufficiently good to throw large volumes into the lungs. It remains to be seen whether the employment of large quantities of ether, such as are used to procure insensibility during operations, may not be useful.

There are great difficulties in the employment of inhalation. The dyspnoea is often sufficient to prevent the patient from using the apparatus, and the constant restlessness and jactitation are of course unfavorable for its employment. Moreover, in two cases in European soldiers, men of great moral courage and endurance, the ammoniacal vapor was fully tried: in one of these cases, no perceptible effect was produced either on the pulse or on the skin; in the other case the patient stated that the vapor eased the painful dyspnoea and thoracic oppression; no effect, however, was produced on the pulse. Both these cases were as rapidly fatal as the other cases occurring at the same period of the

epidemic. One of these men was in addition treated with calomel, opium, and small quantities of brandy; the other with acetate of lead.

The ammoniacal vapor was employed in several other cases at intervals, but without apparent effect. The same remark must also be made of the vapor of creosote.

It appears, therefore, that so far as my observations go, they are not favorable to the practice of inhaling. It must be said, however, that my experience of this plan was comparatively limited. I believe I am correct also in stating that the inhalation of various vapors has been used by several gentlemen in India without marked effect.

5. *Employment of currents of galvanism, passed through the chest, or from the neck in the direction of the eighth pair of nerves.*—I merely enumerate this practice, as one which has been used in India as well as in Europe by several individuals, apparently without any good result. I have never myself had the opportunity of employing it.

The conclusions arrived at, as to the indications of treatment in this early stage of cholera, are, then, shortly these:—

1. The use of bloodletting and astringents to arrest the passage of fluid from the alimentary mucous membrane.
2. Mustard poultices to the abdomen and cardiac region.
3. The cold affusion, and cold to the surface generally; cold drinks are also grateful, and should be freely allowed, if they do not produce vomiting.
4. Diffusible stimuli, provided vomiting is not re-induced.

When the vomiting and purging have been stopped, time must be given for the function of respiration to be again properly performed. During this time the patient should not be too actively treated; our knowledge is not sufficiently advanced to allow of any undue interference with nature. If, as occasionally happens, the algide symptoms increase after the arrest of the abdominal symptoms, the case passes into the second category, which I have now to consider.

[To be continued.]

#### "OVARIAN TUMOR."

[Communicated for the Boston Medical and Surgical Journal.]

In the January number of Wood's Retrospect, which I have just read, appears an extract from an article under the head of "*Ovarian Tumor*," by Dr. Williams, N. Y., taken from the Boston Medical and Surgical Journal of the October preceding. The object of the Retrospect is supposed to be to collect the results of passing experience, and furnish it as light to the daily laborer in the field of pathology and therapeutics. Since that extract appears as a part of this light, it is perhaps important that the kind of light with which it illumines should be known. Whether it illumines by the aggregation of all the primitive rays in the form of white light, or by the absence of all these in that negative form named by Milton "darkness visible," let the facts in the case decide.

The writer of the article says :—" Upon examination, I found a tumor occupying both sides of the abdomen, and lying directly across it, which it nearly filled, giving her the appearance of a woman at the full period of gestation. It was 14 inches in length, 8 from above below, and about 6 in depth. The uterus was low in the vagina, and thickened or enlarged as much as it should be two months after conception. Her catamenia had been regular (or nearly so) since her first sickness up to this time. I advised an operation for ovarian dropsy (or collection of pus), as I thought I could plainly feel a fluctuation. Upon hearing this, more experienced counsel were sent for, as the doctors present did not agree with me, as to the locality or nature of the disease. Dr. Spencer, of Champion, Jefferson Co., an old and experienced surgeon, came, and upon examination found the above symptoms present, and called it ovarian hypertrophy. He tapped her for her original ascites, and at the same time passed the trocar partly into the tumor, but to no effect, except producing the discharge of about a pint of water, streaked with blood. He then punctured on the left side, with as little success (the former was in the linea alba). The doctor then desisted, made up a prescription, and left her in my care, telling her at the same time that she must soon die (unluckily) from an incurable disease. Soon after I made an opening into the linea alba, but deeper than the doctor above mentioned, and in two hours it discharged about two and a half quarts of pus. For two months it discharged freely, but the discharge has now subsided. The tumor is nearly as large as a child's head at birth, but decreases daily. Her ascites has entirely left her (to all appearance), and she is about house helping herself, and occasionally visiting her neighbors ; feels well, has a good appetite, &c."—*Wood's Retrospect, January, 1848.*

This paragraph embraces all the writer says of his connection with the case, its treatment after he became connected with it, its progress and result. Elsewhere in his article, he gives the name of the patient, Mrs. Collins, aged 35, and mentions that "she is the mother of five children." From what the writer says—

1st. The conclusion would of course be drawn, that the patient recovered from the disease. Were the readers of the Journal ever informed to the contrary? Mrs. Collins, the unhappy patient in this case, died perfectly exhausted some time during the same October in which this report of her case and recovery were made to appear in the Journal.

2d. It would be inferred that the symptoms given diagnosticate "*ovarian tumor*," and most certainly in this case, since the treatment appears to have effected a cure. Therefore it ought to be known that the case not only terminated fatally, but that the opportunity of confirming the diagnosis by a *post-mortem* examination—consented to by the patient before death, and sought by her husband after death—was declined by Dr. Williams, and that Mr. Collins would not allow an examination to be made except Dr. Williams was present, although Dr. Picher and myself earnestly solicited the privilege of making it. Every sound-minded man will infer why an examination was declined.

3d. It appears that the "doctors present did not agree with" him "as to the locality and nature of the disease," and that as he cured the case he is proved right, and they wrong, and most triumphantly so. Therefore the particulars on this point that transpired in the counsel should be known. I stated that any opinion as to the organ from which the tumor proceeded, and as to the nature of the tumor itself, would be in part, at least, if not entirely, conjectural; and that an examination after death (to which the patient and family then consented) could alone disprove or confirm such opinion. I adverted to the case mentioned by Dr. Lee, while speaking of the uncertainty attending the diagnosis of ovarian tumors, viz., "That an eminent accoucheur of London made an incision through the abdominal parietes of a young woman who had a moveable tumor in the belly, which he considered to be *ovarian*, and which he thought it possible to extirpate, as Mr. Lizars had done in apparently similar cases with success; that on opening the abdomen a large fibro-cartilaginous tumor presented itself, which was attached by a thick peduncle to the fundus of the *uterus*; that the operator separated the tumor by placing a ligature around its peduncle; and that death soon followed, &c. I also adverted to a case mentioned to me by Professor Trowbridge, as occurring in his own practice, of abdominal tumor, and operated upon for ovarian dropsy, "but *no dropsy* found." Also another mentioned by Professor McNaughton in his lectures at Fairfield, of an abdominal tumor that "was beginning to be considered by the first in the profession in Albany as a very formidable matter, "and that "while he was very gravely examining it, slipped away from him and hid." "In other words, it was no more nor less than a polypus; its attachment breaking, solved the mystery," and "the very formidable matter was disposed of." To my statement Dr. Williams agreed. The disagreement of which he speaks did not occur in my presence. It happened after I had left. He did propose conjecturing as to the origin and character of the tumor, and then to see on the autopsy who hit nearest. He conjectured it to be ovarian dropsy. I declined conjecturing. He objected to my position, and said that a man that had no opinion would always be found right on the *post-mortem* examination. In reply, I said that I made *post-mortem* examinations to gain knowledge, and not to refute or confirm a guess. On this we agreed to adjourn to the *post-mortem* examination.

4th. It would appear that both water and pus were discharged from the tumor, confirming the diagnosis, from a fluctuation that was plainly felt, of "ovarian ascites (or collection of pus)." Dr. Spencer told me the next morning after he operated upon the tumor, that it discharged nothing but blood, that it was a solid fleshy substance of some kind, and probably scirrhus, and that he had the amplest means of knowing this, as he passed his instrument as much as two thirds through its central part. Dr. Picher, who was present at the operation, has told me repeatedly the same, and again has he done so on my showing him the extract in the Retrospect. Both of these gentlemen told me at the time that they felt no fluctuation in the tumor. I operated for abdominal dropsy upon

Mrs. Collins some 40 or 50 times, discharging from her nearly 100 gallons of water, and frequently examined the tumor, but never discovered fluctuation; it always felt solid, heavy, uneven, resisting, and moveable in the cavity of the abdomen. I regarded the patient as the subject of a malignant cachexia (Dunglison), and the abdominal tumor as a "local manifestation of it." My connection with the case was only that of an operative surgeon. During my attendance upon her, and it continued as long as the necessity to operate for ascites continued—say about 10 months—she had a number of spells of declining and reviving; indeed she was apparently declining or reviving all the time, and that without any perceptible dependence upon the treatment or course of management pursued. Yet she steadily lost flesh, from the day she was taken ill till that of her death. Every experienced surgeon that saw her, including Dr. Spencer, regarded her as the subject of a malignant and fatal cachexia, whatever might be the character and connection of the abdominal tumor. I mean such only as communicated to me their views. It is not my intention, however, to be tedious in furnishing the readers of your valuable Journal with a statement in detail of my views of this case, or of the views of others communicated to me, since any views or opinions that may have been entertained by any person, possess no earthly value in the absence of the evidence a *post-mortem* examination would have furnished.

5th. It would appear that he completed an operation that Dr. Spencer left unfinished; though he says incidentally that Dr. Spencer discharged "a pint of water streaked with blood" from the tumor, through the linea alba, and that he "punctured on the left side with as little success." Most surgeons of experience, who had diagnosticated sacculated dropsy, would regard the discharge of a pint of water from an internal tumor, as abundantly successful, and as confirming that opinion, whatever additional opinion might also be found true. In structural disease of the ovaries, liver or spleen, it is no very uncommon occurrence for the diseased organ so to affect the peritoneum that serum is effused between them, constituting sacculated dropsy, which is, however, only a result or product of the disease, and not the disease itself. The discharge of a pint of water is so small success that it receives but incidental mention; and why? *Because of what followed, and that was no less than that the reporter of this case did what an old and experienced surgeon did not do. And what was that? Why—he "made an opening into the tumor in the linea alba, but deeper than the doctor above mentioned," "and in two hours it discharged about two and a half quarts of pus."* And this, he says, he did "soon after" Dr. Spencer's operation. Yet Dr. W. informed me, that *just two or just three weeks "after" Dr. Spencer operated, pus began to issue slowly from the wound; that he was immediately sent for; that he went, and found pus slowly oozing from the wound made by Dr. Spencer, and that he therefore enlarged the wound, passed in a catheter, and in two hours drew off a half gallon of pus. Why were two and a half quarts of pus two hours in discharging? It would not have taken this length of time if it had come directly from the*



inside of the tumor. The true answer to this question is probably this, viz., *Dr. Spencer's wound into the tumor inflamed and suppurated; the pus in its early discharge from the wound fell most conveniently into the cavity of the abdomen; when it had accumulated sufficiently to attain the elevation of the opening in the linea alba, it made its appearance there; and then the catheter being introduced, the discharge of pus was facilitated, by varied pressure and varied movements of the force applied to the abdomen, urging the pus from remote parts of the cavity to the instrument and outlet. "Two hours" might well be spent in giving exit to two and a half quarts of pus from the abdominal cavity, in so weak and emaciated a subject as the patient then was.*

In conclusion, I again state that the unhappy patient died about the time this boastful sketch of the successful treatment and promising aspect of the case made its appearance in the Boston Medical and Surgical Journal, according to the acknowledgment of the January number of Wood's Retrospect; and that the opportunity of making a *post-mortem* examination was declined by the author of that sketch. Justice to the readers of the Retrospect, justice to the readers of the Journal, justice to Dr. Spencer, and justice to him who hereafter may compile the statistics of abdominal tumors successfully treated, requires that this exposition of that sketch should be published.

SAMUEL C. WAIT, M.D.

Gouverneur, St. Lawrence Co., N. Y., Dec., 1848.

#### DENTISTS' FEES.

THERE is perhaps no business, either professional or purely mechanical, transacted in our city, in which the charges, for services rendered, vary so much as those of practising dentists. The following lists of prices, which have been handed to us, will show the fees which some are receiving for daily operations:

Natural teeth set on the fangs, -	\$ 10.	Teeth on gold plate, from -	\$ 2 to 4.
Composition " " -	10.	" silver " -	1 to 2.
Artificial " " -	5.	" pivot " -	.75 to 1.25.
Cutting out decay and fill'g with gold, -	5.	Filling with gold, from -	.50 to 1.00.
Removing nerve and fill'g with gold, -	10.	" " cement, -	.50.
Cleaning the teeth, -	5.	" " tin or silver, -	.50.
Separating two teeth with the file, -	2.	Cleaning teeth, -	.50 to 1.00.
Extracting a tooth, -	1.	Separating " -	.50 to 1.00.
Remedy'g Irregularities of teeth, from	10 to 50.	Curing toothache, or extract'g tooth, -	.50.
Treating Diseases of the gums, from	10 to 30.		

The above charges, it is believed, embrace the extremes for all the common operations which are performed. We do occasionally hear of dentists charging much higher, as for instance, \$25 for pivot teeth—\$20 or more for filling a tooth; and we have heard of six or eight hundred dollars being asked, if not paid, for a double set; but these are very uncommon operations, or gross extortions practised by consummate villains. We have another list of prices which range about midway between those already given, and this is probably about the average among the mass of dentists in our city. Two and three dollars is the

most common fee for filling a tooth; from three to five for inserting on pivot; from five to ten for plate teeth; two and three for scaling, &c.

On many accounts it would be much better for the dentists and their patients, if more uniformity existed in the amount of the fees charged. Of course those old and experienced dentists who have long had the confidence of the public, must be expected to charge and to receive more for operating than the younger aspirants for public favor. Many persons desiring operations on their teeth, who are unacquainted with the nature of those operations, and therefore incapable of discriminating between good and bad work, are in the habit of "shopping" about the city to see where they can find the cheapest dentist. This encourages many to underbid those who have a fixed price for the work; these, in turn, are underbid by others, and so on until the fortunate (we mean unfortunate) one who finally secures the patient, is compelled to do the work at a price far below what an honest skillful dental surgeon should receive as a fair remuneration for services faithfully rendered. We are supposing that the patient is fortunate enough to fall into the hands of a faithful and competent operator, which is not often the case; for, generally speaking, those who work for the lowest price are the poorest workmen; there are some, however, young men and well educated in their profession, who aim high, and anticipate ere long to be able to command the highest fees, but who, nevertheless, for the want of present employment, will sooner compete with the very dregs of the profession than suffer a person to leave their office without serving him. They reason to themselves, that it is better to work for a price below their own standard than to sit idle; but every such operation has the direct tendency to lower their standard of prices; for the patient on leaving is sure to tell his friends and acquaintances how very low he had his work done, and to recommend the one who did it as a *cheap dentist*. Of course he must operate for all those who come by such a recommendation for the same fee which he received from the first, or not operate at all; and by so doing he is in fact perpetuating a system of low prices, which will in the end make him a low and miserable operator; for no man can long have the heart to do good work unless he receives a fair remuneration for it.

As a general rule, it is better to fix upon a high fee for our services, endeavoring to make the work in quality, come fully up to the price. By so doing, we have a constant incentive to improvement. Of course there will be some exceptions. "Necessity knows no law;" but those who can live and sustain a liberal scale of prices for their operations, although it be in poverty for a few years, it is believed will find it to their advantage in the end. We speak only of charges to those who are able to pay well. "The poor we have always with us," and the law of benevolence is equally binding on all to the extent of their ability.

It is often said, by those unacquainted with the nature of good dental operations, that dentists are better paid than other professions or trades, requiring an equal amount of talent and learning. This may have been true at a time when competition was less than at present; but we are mistaken if most of those now in practice do not find, when age unfits

them for farther labor, that the golden harvest, which in youth they had hoped to reap, has eluded their grasp, and proved but barely sufficient to sustain them through the winter of life.

This is a subject which claims the attention of every dental surgeon in the land, and especially those who are located in large cities, where the competition is greatest. In almost all the trades and professions in our city, there is fixed a minimum scale of prices for services rendered, below which it is considered disreputable to charge. Such a tariff of prices is of mutual benefit to the employed and the employer. If such a plan were adopted by the dental surgeons, each could at all times command a fair compensation for his skill and labor. The miserable practice of shopping about from one dentist to another would soon stop, when the inquirer found that he received from all the same uniform answer. Persons desiring operations would then inquire for the best dentist, and not the cheapest, and of course would be better served. At the same time the poorer class of dentists would not be the sufferers by such an arrangement, for if they had less work to do, they would receive for it better pay, which is the most direct stimulus to improvement. The skilful and scientific, charging higher than the minimum scale for their services, would, as now, allow those persons who are always desirous to employ the cheapest, to find the poorest also.

We commend this subject to the Society of Dental Surgeons of the State of New York, and hope that, at a suitable time, they will take it up and act upon it. The Virginia Society of Surgeon Dentists, in 1842, recommended to the profession the following scale as the minimum and maximum of dental charges :

For plugging, from	-	\$ 1 00—5 00	For inserting on pivot, from	4 00—7 00
For extracting, from	-	— 1 00	For inserting on plate, from	7 00—12 00
For separating, from	-	50—1 00	For full sets, from	150 00—300 00
For scaling, from	-	2 50—5 00		

#### A CASE OF NEURALGIA.

BY GEORGE OSBOURNE, M.D. OF TIPPECANOE COUNTY, INDIANA.

DURING the month of July, 1847, Mrs. G——, aged 48, of spare habit, and an inveterate smoker, was occasionally attacked with paroxysms of pain in the ball of the great toe—health otherwise good. These attacks becoming more frequent and severe, she was induced, about the first of August, to seek medical advice, and I was requested to visit her.

She informed me that she had used, without relief, stimulating embrocations and a blister to the entire toe and dorsum of the foot—meanwhile the pain grew more constant and severe, when she was advised by a friend to apply a poultice saturated with the tinc. opii, which produced some temporary relief.

I found the toe of the natural size and color, the pain not increased by pressure except at a minute point near the centre of the ball, from which (when pressed upon) intense pain would shoot along the course of the principal nerves of the leg and thigh—appetite good, bowels regu-

lar, skin wearing the appearance of health, great restlessness at night, considerable emaciation and debility.

I advised a gentle cathartic, to be followed with carb. ferri and pulv. valerian, each ten grains, thrice daily, and an opiate at bed-time; the bowels to be kept open with castor oil.

Aug. 5th.—No amendment; prescription continued, with the addition of frictions over the entire limb twice daily.

13th.—Symptoms no better; emaciation progressing rapidly; suspended the use of the medicine, and advised the cold douche to the limb, to be followed with frictions night and morning, and an entire abstinence from the use of tobacco.

20th.—Expressed herself as being much better; rests well at night; advised to continue the abstinence and cold douche.

Sept. 1.—Discharged, cured.

The foregoing case I think is strongly illustrative of the injurious effects of tobacco on the nervous system. While the patient continued to smoke, the neuralgic affection continued with increased violence, notwithstanding the free use of stimulating and anodyne applications locally, and the internal use of tonics, anodynes and gentle cathartics.

As soon, however, as entire abstinence from the use of the pipe was enjoined, the violence of the symptoms began to abate, and in about two weeks the patient was discharged, cured.

The question naturally arises, what benefit was derived from the use of the douche? or, was the cure entirely attributable to the abstinence from the use of tobacco?—*North-Western Med. and Surg. Journal.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 20, 1848.

*Scientific Dearth.*—There are seasons in literature and science, as in agriculture, when the prospects are not flattering; when short crops occur, from the operation of laws which men cannot clearly explain, although their existence is frankly acknowledged. Whether the state of the atmosphere, or the scarcity of money, has influenced authors most, of late, remains an unsolved problem. It is certain that original works on medicine, independently of the other departments of science, have been few and small, comparatively, the present season; and the year 1848 cannot be looked upon as an epoch of brilliant impressions, through the instrumentality of new and thoroughly original publications. This paucity of new works, however, may possibly indicate the incubation of vast ideas, which in another twelve months may astonish us with the profundity and energy of the human mind, directed to the consideration of subjects belonging to the domain of medicine or surgery. There is, indeed, room enough for researches, and intellects of gigantic power are evidently at work in the exciting labors of exploration, so that rich harvests in the science of medicine may reasonably be anticipated as near at hand.

Much is said of the inadequate compensation of authors in this country. That they are paid miserably, there is no doubt, nor do we know that there is any remedy; but there is a pleasure, nevertheless, in being instrumental in promulgating thoughts, which generate others, and quicken different minds to efforts which otherwise might never have been made. It is thus that science, the arts, and the mixed literature of the age are carried forward, and each successive year adds a link, as it were, to the golden chain that connects the past with the distant future. If no one put a hand to the plough because the soil is hard, or the wages for tillage too small, how can progress be made in those pursuits which elevate the race, and which seem destined to give an increased moral grandeur to the history of civilization. By waiting patiently, a favorable condition of the elements of business will conduce to the activity of the publisher's press; and books, such as quicken the thoughts, and strengthen the hands of medical inquirers, may again be presented in encouraging abundance.

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*Local Etherization in China.*—A communication appears in *The Spirit of Missions*, for December, addressed to Bishop Boone, from the Rev. P. D. Spaulding, now residing in China. It is of unusual interest to the medical profession, since it would appear from it that the Chinese have anticipated our countrymen in the discovery of etherization—as they did others who once claimed the discovery of the mariner's compass, gun-powder, and the art of printing with moveable types, which had long been known in the celestial empire when all christendom was ringing with the triumphs of their supposed discovery. Mr. Spaulding went into the country on the 17th of April last, to witness the celebrated annual procession in honor of the great idol Yang-law-ya, which was full two miles long. Those who have been sick during the past season, on this occasion show their gratitude for a recovery by joining the moving mass, and are distinguished by some badge. Some were on foot, others on horseback or in sedan chairs, accompanied by a variety of banners. At the extremity of the whole, the image was borne by eight men. It was large, with a black face, and was altogether a hideous-looking object. "We saw several persons," says the reverend gentleman, "in the procession, who seemed to be doing penance to atone for some kind of sins; both of their arms were extended, and from the muscular portion of the fore-arms were suspended heavy incense pots, by being hooked into the flesh. In some instances the blood was perceptible, oozing from the perforations made by the brass hooks. These men were walking in the procession. It was very heart-sickening to behold them thus lacerating their bodies to please a wooden idol. We questioned them as to whether it was painful, and they declared that they endured no pain. They have some kind of medicine that is applied to the flesh in which the hooks are placed, which removes all susceptibility of pain. It is used likewise in extracting teeth and amputating limbs." Through the host of intelligent Americans now residing in the Central Flowerly Nation, something more on this subject may be expected. From this exceeding short narrative of the facts, it would seem that the Chinese have something superior to ether or chloroform; since it is applied to the point where the insensibility to pain is required for any particular purpose, and not taken internally, and therefore not productive of general unconsciousness. Among others of our countrymen in China, who are competent to

make an investigation of this matter, it occurs to us to mention Dr. Peter Parker, the celebrated American missionary surgeon, who is at the head of a hospital at Canton, and who has therefore all the facilities for ascertaining (should there be found any truth in the above statement), the antiquity of the process, the preparation, and the method of its administration.

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*Connecticut Retreat for the Insane.*—Dr. Butler, a veteran in the management of lunatics, whose long-continued devotion to the wretched beings placed under his care, has made them as comfortable and happy as science and art can do it, has brought out the twentieth annual report of the Retreat at Hartford. Within the same cover, is a statement of the financial condition of the institution, by the board of managers. It appears that the whole sum paid out in the last year was \$26,101 10; while the receipts were \$23,760 17. Whole number of patients in the Retreat at the commencement of the year, 118. Admitted during the year, 93. Total, in the course of the year, 211. Recovered and discharged, 40; much improved, 10; improved, 14; not improved, 13; died, 12; total discharged in the year, 89.

This report contains sage observations on lunacy, which are the emanations of a disciplined mind, almost wholly engrossed by the consideration of the best method of bettering the condition of the insane. Interspersed through the pages are various statistical and tabular memoranda, always interesting to those who study the science of disease, independently of its phases. Accompanying the report, is a beautiful lithographic picture of the external appearance of the institution, together with a ground plan of the apartments. Although exceedingly inviting on paper, it does not misrepresent the actual appearance of things—for it is one of the most charming places in New England. The erection of a separate residence for Dr. Butler, was a gratifying evidence of the esteem in which the medical superintendent is held by the friends of the Retreat, and the pleasure that is felt in promoting the domestic comfort of a man who is never happier than when promoting the happiness of others.

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*Hydropathic Controversy in Connecticut.*—Reference was made, some weeks since, to a series of articles that were then being published in the Derby Journal, and which have finally been concluded. They were characterized by earnestness, terseness and sound discretion. An opinion prevails that they were written by Dr. Ambrose Beardsley, of that place, a gentleman of sterling medical acquirements.

A perfect infatuation appears to have spread over the New England States, in regard to hydropathy; but the blind eyes of the public are opening to a sense of the hallucination which has existed, and of the unfounded pretensions of this phalanx of aquatic operators. Establishments, in successful progress at one period, are now said to be languishing, and many fortunes that were embarked in the hydropathic enterprise will ultimately be drowned out. We are proverbially a people who love to be doctored, and hence the universal disposition to patronize every absurdity that is ushered into notice under the talismanic name of a medicine. As was recently remarked by a celebrated physician of this city, if some distinguished quack should announce in Boston that covering the nose with green paint would prove a specific for the whole family of human diseases,

painted noses would be in a triumphant majority within a month ; and that would not be the whole of the matter, for a vast number of persons would actually find immediate relief from their sufferings by the new remedy. It is precisely so in regard to hydropathy, and all the other irrational crudities of a foreign origin, which succeed so well for a little while in this bequacked country.

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*Dr. Horner's Introductory Lecture.*—Dr. Horner, Professor of Anatomy in the University of Pennsylvania, commenced his present course of lectures by an introductory discourse that possesses an unusual amount of interest. As was mentioned in last week's Journal, it is essentially a narrative of what he saw in the hospitals, medical museums and schools in France, Germany, &c. Large draughts for our pages might profitably be made from such a prolific source of intelligence. There is no information more gratifying than knowing all about the doings, sayings, and the ways of things, in other countries. A desire for novelty is innate in every bosom, and when knowledge is made agreeable it is eagerly received, and its influence is abiding. Dr. Horner struck precisely the right key.

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*The Western Journal of Medicine and Surgery*—published at Louisville, Ky., and edited by Drs. Drake, Yandell and Colescott, is in great great danger of being suspended for want of pecuniary support. We regret to learn this, as the work has been ably conducted, and must have had a favorable influence on the profession at the West. The last number states, that, with a constantly increasing subscription list, their receipts have been steadily diminishing. This seemingly contradictory state of things is easily understood by the initiated, who know full well that many a subscriber's name is on their books, that is utterly valueless in the way of pecuniary support. We could state facts upon this subject, observed in the course of a long experience, which would cause the punctual, subscription-paying members of the profession—who, we rejoice to say, constitute among our subscribers the larger portion—to blush for the moral honesty of some of their brethren. It is hoped that the appeal made by the editors of the *Western Journal* to the profession, will be responded to, and that the vigorous course of that valued periodical will not be suddenly arrested by so discreditable a cause.

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*Water Cure Era.*—From New London (not in Connecticut, but somewhere South) No. 1, Vol. I. of a miserably-looking, worse-printed and still worse-conducted periodical, has been received, filled with more stale materials than ordinarily gets crowded into a single sheet. The conductors must have made extra effort to collect such specimens of stupidity. Their Journal purports to be devoted to the explanation of the principles, practice and philosophy of hydropathy. Even the intoxicated friends of the water-cure must be ashamed of this feeble advocate. We earnestly request the proprietors to subject the copies of their next number to their favorite treatment before being mailed—for it is morally wrong to unnecessarily load the mail-bag with "free soil" spread out in the shape of paper.



*The Examination of Females in Paris.*—Some changes have lately been made in carrying on these examinations. Registered girls used to be examined by the surgeons at their own residences; they are now obliged to go to the dispensary for that purpose; and another class, not regularly registered, but tolerated, and who used to be examined twice a month, must now present themselves three times within the same period. M. Ricord states in his lectures, and we think with reason, that these examinations, to prove at all advantageous to the public, should be much more frequent.—*London Lancet.*

*Treatise on Teeth, and Ether.*—TO THE EDITOR OF THE JOURNAL, &c.—Will you allow me a little space in your very valuable Journal, for the purpose of saying that a new edition of Dr. Mayo G. Smith's useful and curious work on "Teeth and Ether," is about to be issued, to contain, in addition to its original matter, a short treatise on the use of chloroform in dental operations? Dr. S. has given to the public a large quantity of practical information concerning teeth and the use of ether; and, though some of his conclusions may not, perhaps, be regarded as the wisest and most just, still, credit is due to him for the industry and zeal which he has shown in the advancement of dental science. This word of commendation, Mr. Editor, is from one who has cause to be grateful for the skilful services rendered him by Dr. S., and is spoken without reward or solicitation.  
R. M. DEVENS.

*Medical Miscellany.*—Dr Scott, of Greenville, has been elected Speaker of the Legislature of Virginia.—Smallpox is so rife in Brattleboro', Vt., that a hospital is to be opened, say the papers.—A lady in Boston gave birth to three children, week before last—two of them are living.—A homœopathic journal has been started at Detroit, Michigan, by John Ellis, M.D.—Dr. Buchanan, of the Cincinnati Eclectic Medical School, thinking the institution, or its faculty, or both, ill-treated in the Western Lancet, published in that city, has fired an extra tier of indignation guns, in the Daily Whig, against Drs. Lawson and Harrison.—A man died in England in consequence of having the virus of a diseased potato absorbed by an abraded surface of one of his hands.—A Phrenological Tract Society has been formed in New York, which will disseminate, besides articles on phrenology, tracts on *hydropathy, temperance, religion and progression*!—Yellow fever is still sweeping off the troops at St. Ann Station, in the Island of Barbadoes.—Scarlet fever is represented to be unusually prevalent in this city.—In the last number of the Philadelphia Medical Examiner, no less than thirteen pages are devoted to a review of Dr. Holmes's Report, to the American Medical Association, on Medical Literature. Prof. Huston, the editor, is perfectly familiar with the literary matters of fact alluded to in the report, and has pointed out no small number of errors in that portion of it, as well as expressed his dissent from some of the views put forth by Dr. Holmes.—The same number of the Examiner contains also a review of Dr. Channing's work on etherization in child-birth.—By the last accounts from England, the cholera had almost ceased to exist there. Its spread in New York is also very much confined as yet.

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MARRIED,—Dr. J. H. B. McClellan, of Philadelphia, to Miss M. Eldredge.

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DIED,—At Troy, Vt., Dr. D. H. Bard, 46.—At Cincinnati, Dr. Charles Luzenburg, of New Orleans.—At Troy, N. Y., Dr. Alanson Douglass, suddenly, of apoplexy.

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*Report of Deaths in Boston*—for the week ending Dec. 16th, 76.—Males, 36—females, 40.—Stillborn, 8. Of consumption, 9—typhus fever, 4—scarlet fever, 17—brain fever, 2—lung fever, 2—pleurisy fever, 1—old age, 1—dysentery, 1—dropsy, 1—dropsy on the brain, 3—dropsy in the chest, 1—debility, 2—croup, 4—measles, 1—delirium tremens, 1—inflammation of the lungs, 2—infantile, 4—inflammation of the bowels, 3—suicide, 2—canker, 2—child-bed, 4—pleurisy, 2—ulcer, 1—marasmus, 1—disease of the bowels, 1—worms, 1—apoplexy, 1—fracture, 1.

Under 5 years, 34—between 5 and 20 years, 8—between 20 and 40 years, 21—between 40 and 60 years, 9—over 60 years, 4.

**J. C. NEILSON, M.D.,**  
**SURGEON DENTIST.** Office with Dr. J. F. FLAGG, 31 Winter street,  
 Apr. 12—eplv BOSTON.

**DR. LEWIS** will attend to Diseases of the Eye, from 9 to 10 o'clock A. M., every Tuesday, Thursday and Saturday.  
 Nov 17—tf

**PURE CHLOROFORM.**  
 For sale by Joseph Burnett, Apothecary, No. 33 Tremont Row. Jan. 5—tf.

**DISEASES OF THE EYE AND EAR.**  
**Dr. J. H. DIX** will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont st., opposite Tremont House.  
 February 14, 1843. eptf

**TO PHYSICIANS.**  
 The subscribers are constantly supplied with a selection of *pure medicines* for prescriptions and the use of families, which they will dispense with accuracy to all who may favor them with their patronage. Just received, a lot of pure Extract Taraxaci, prepared by a new and peculiar process. Also a small lot of Ext. Buchu, and Pareira Brava, and all other articles in common use, fresh from the manufacturer.

Ⓢ A constant supply of *Pure Chloroform* and *Sulphuric Ether*, for sale as above.  
**WHITE & FERGUSON, Successors to CHARLES WHITE,**  
 Dec. 15—lyr. 348 Washington st., cor. Hayward pl. Boston.

**GOODWIN'S SURGICAL SPLINTS.**  
 ASSORTED sizes of the Leg, Knee Joint-arm, Elbow, Hand and Forearm, for sale in sets or parts of sets, at manufacturer's prices, by  
**JOSEPH BURNETT,**  
 Nov. 1—ly No. 33 Tremont Row.

**TO PHYSICIANS.**  
 The Subscriber would most respectfully inform the Physicians of Boston that he has removed his store to the CORNER OF TREMONT AND ELLIOT STREETS, where he will be much pleased to see any of the Faculty who will honor his establishment with a visit. With an experience of twelve years in compounding and dispensing medicines, he hopes by constant attention to business to merit a share of patronage, assuring them that their favors shall be prepared with fidelity, of the purest materials, and by *himself personally*. He will be constantly supplied with all the new preparations as soon as they are out.  
**J. GEORGE WHITWELL, Apothecary,**  
 Nov. 10.—eplv Corner Tremont and Elliot Streets, Boston.

**JOSEPH BURNETT,**  
**APOTHECARY (SUCCESSOR TO T. METCALF), No. 33 TREMONT ROW,**  
 OFFERS to Surgeons and Dentists, the best selected assortment of Instruments to be found in the city, consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye, and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c., of American, English and French manufacture. Extracting Forceps, of Chevalier's manufacture from Dr. Flagg's patterns, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, common and fine Solder, Spiral Springs, Gold and Tin Foil, MINERAL TEETH, in great variety, (much the largest assortment to be found in New England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry. Instruments sharpened and repaired at short notice.

Ⓢ All orders from the country shall receive careful and prompt attention.  
 Feb. 10.—tf

**WILLIAM BROWN,**  
 At his Apothecary store, corner of Washington and Elliot streets, keeps constantly on hand a fresh supply of Medicines, selected expressly for Physicians' and Families' use, including all the English extracts—Conit, Belladonna, Hyoscyami, Taraxaci, &c. Also, all the new Chemical preparations recently introduced. Great care is taken in selecting the choicest of medicines for physicians' prescriptions; not trusting to such articles as rhubarb, ipecac, jalap, aloes, &c., powdered by steam and water power, but having them pulverized fresh from the root, under my own superintendence. The most strict personal attention paid to dispensing physicians' prescriptions. No one permitted to put up prescriptions except those of long experience in the business. Jan. 5—ly

**A PHYSICIAN,**  
 PLEASANTLY located in a town about six miles from Exeter, N. H., wishing to retire from practice, would be glad to dispose of his house, land (about three acres), outbuildings, &c., to a well qualified practitioner. Practice worth from ten to twelve hundred dollars. Particulars may be learned on application to Drs. Perry and Gorham of Exeter, N. H., or Dr. B. T. Prescott, of Boston, Mass. All letters post-paid.  
 Oct 25—tf

**A GOOD OPPORTUNITY**  
 Now offers in Grantville, in Nova Scotia, for a physician of ability to establish himself in permanent practice. Income perhaps \$800 to \$1,000. Direct to Dr. G. B. Dexter, Lower Grantville, N. S., to be left at Ladd & Hall's, Boston. o4—tf

**DR. JARVIS'S ADJUSTER.**  
 THIS newly-invented instrument for reducing fractures and dislocations—Also, single and double pad Glass Trusses, Reinhardt's manufacture, and Dr. Cutter's Abdominal Supporters, for sale by **M. HUNT, Surgical Instrument manufacturer 122 Washington street.** Sept. 30.—tf